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Assignee Name and Address:									
Niagara Gorge Medical Devices LLC 596 Hopkins Street									
Menlo Park, CA 94025									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behulf of the assignee									
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Name	Jeff Gold	s (/				Date /3 Sep f., 2006 Telephone(656) 566-9091			
Title	President	CEO - Niagara Gorge Medi	ical Devic	es LLC	,		7		

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